Torrington S.A.F.E. Program Connecticut Junior Republic Torrington, CT

Progress Report 2014-2015

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Introduction

The Connecticut Junior Republic's S.A.F.E. Program located in Torrington, Connecticut is one of several teen pregnancy prevention programs funded by the State of Connecticut Department of Social Services. The Torrington program is based on the model originally developed by Dr. Michael Carrera for the Children's Aid Society and offers multiple services to young people, beginning at the end of fifth grade and lasting through high school and into post-secondary education. The program is intensive and includes education, career and job experiences, family life, sex and health education, and recreational activities, as well as sports and arts opportunities. The program also offers its participants case management and referrals for dental, health and mental health services.

This report presents a picture of the 2014-15 Torrington S.A.F.E. participants including changes in key behaviors, their knowledge about sexuality and pregnancy, their characteristics and their satisfaction with the program. Sixty-five youth attended the program at some point during the 2014-15 program year, 57 of whom completed at least one assessment. Thirty-two students had taken more than one assessment with the most recent occurring during the 2014-15 program year; those data were used to measure change over time.¹ The average interval between assessments for these 32 young people was 2.8 years, with a range of about eight months to over 4 ¹/₂ years between assessments.

Throughout this report asterisks (*) indicate whether or not a difference or change is statistically significant. The reader should know that statistical significance is affected by sample size. In very small samples, differences must be very large to be statistically significant, whereas in very large samples, even small differences can be statistically significant, even if they are not practically very important. So a difference of 5% from baseline to follow-up will not be statistically significant in small groups or samples but may be in larger ones. Even in the same sample, the same percentage difference may be significant in one place but not in another depending on the variables being measured and missing data.

¹ Incorrect forms were used at the beginning of the 2013-14 and 2014-15 program years so some variables do not have baseline data for comparison.

Program Outcomes

The following outcomes are based on the data received from the 32 youth who have completed two or more assessments.²

Sexuality Knowledge

Students were asked 12 questions to gauge their knowledge about sexuality and contraception. Overall, knowledge scores more than doubled from an average of 43% correct at intake to 90% correct at post-test, which is a statistically significant increase. From first to last assessment, scores increased significantly on all 12 of the items. At last assessment, none of these young people thought the birth control pill protects against HIV, a significant improvement form two-thirds believing such at first assessment.

Knowledge Questions	First	Last	
(n = 32 unless otherwise noted)	# who answered correctly		
A girl can get pregnant even before she has her first menstrual period.	31%	91%***	
The birth control pill protects from STDs, including HIV.	31%	100%***	
During their periods, girls can have sex without worrying about getting pregnant. ($n = 31$)	65%	90%*	
Abstinence is the only 100% way not to get HIV, other STIs or become pregnant. (n = 31)	29%	90%***	
A person can have a sexually transmitted disease without having any symptoms.	50%	97%***	
It is impossible to get HIV or sexually transmitted diseases from having oral sex.	38%	88%***	
Pulling out is an effective form of birth control. (n = 31)	42%	94%***	
You can tell if a person has HIV or AIDS by looking at the person.	50%	97%***	
Around the country, most 15-year-old girls and boys are having sexual intercourse.	38%	75%**	
Many teen parents drop out of school before they graduate.	72%	97%*	
Girls usually start puberty before boys. (n = 31)	52%	81%*	
Teenagers do not need their parents' or guardians' permission to get birth control from clinics.	25%	69%**	
Summary Score (mean)(n = 31) ³	43%	90%***	

* Difference is statistically significant at p < .05, ** p < .01, *** p < .001.

² Incorrect forms were used at the beginning of the 2013-14 and 2014-15 program years so some variables do not have baseline data for comparison.

³ Included in the summary score are those who answered 11 or more knowledge questions from the newer surveys at both baseline and follow-up.

Program youth were asked to rate their agreement with two statements on a scale of 1 to 4 ("Strongly Disagree" to "Strongly Agree"; coded so that higher ratings indicate more positive responses). At last assessment, there was significantly stronger agreement among these youth that males and females have the same responsibilities for using birth control. However, there was also significantly more agreement that it is okay for youth their age to have occasional unprotected sex.

Attitude Questions	First	Last
Autude Questions	mean (1 t	to 4 scale)
Males and females have the same responsibilities for using birth control. (n = 23)	2.48	3.52***
Average percent agreeing	52%	96%
It is okay for people my age to have unprotected sex once in a while. ($n = 22$)	3.77	3.32*
Average percent disagreeing	95%	77%

* Difference is statistically significant at p < .05, *** p < .001.

Preventing Pregnancy

By last assessment, four of these 31 (13%) young people had been sexually active (two males and two females). This increase in sexual activity might be expected as these youth age. All but one of the sexually active youth reported using some form of contraception at last intercourse and no pregnancies or births were reported.

Sexual Behavior	First	Last
Have had sexual intercourse (n = 31)	0 (0%)	4 (13%)
Among those who were sexually active:	(n = 0)	(n = 4)
Female	-	2
Ethnic minority	-	2
Used condom at last intercourse	-	2
Used some form of contraception at last intercourse	-	3
Ever pregnant or caused a pregnancy	-	0
Ever gave birth or fathered a baby	-	0

The Youth Risk Behavior Surveillance data indicate that 13% of middle school youth and 50% of high school youth nationally have had sexual intercourse;^{4,5} thus, the percentage of Torrington program youth who are sexually experienced appears to be lower than the rate for similar youth nationally. However, the number of program youth is very small so this comparison must be viewed with caution.

	Middle School Youth		High Scho	ool Youth
Comparison Data on Sexual Behavior	Torrington n = 13	National	Torrington n = 18	National
Have had sexual intercourse	8%	13%	17%	50%

Risk Indicators

Overall risk factor involvement is quite low for this group of young people at last assessment (see table below). At last assessment, 14% reported being involved in a physical fight in the past year while less than 10% reported stealing, carrying or using a weapon, or damaging school property on purpose. None of these youth reported an arrest or gang involvement at last assessment.

Risk Indicators (During the last year, have you) (n = 22)	First	Last
Been involved in a physical fight?	18%	14%
Carried a weapon?	9%	9%
Taken something from a store without paying for it <i>or</i> took something that didn't belong to you?	5%	5%
Used a weapon?	9%	5%
Been a member of a gang?	9%	0%
Damaged school property on purpose?	5%	5%
Been arrested?	0%	0%
Average number of risk behaviors reported	0.5	0.4

⁴ CDC-Youth-Online-Middle School YRBS 2013 Results. http://nccd.cdc.gov/youthonline/App/Default.aspx. Accessed 9/25/2015. The Youth Risk Behavior Surveillance data from middle school youth includes information from young people in numerous states: Colorado, Delaware, Florida, Georgia, Hawaii, Kentucky, Maine, Maryland, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, and Wyoming. Additionally, youth were included from the following locations: Boston, MA; Broward County, FL; Charlotte-Mecklenburg County, NC; Chicago, IL; District of Columbia; Duval County, FL; Houston, TX; Los Angeles, CA; Memphis, TN; Miami-Dade County, FL; Milwaukee, WI; Orange County, FL; San Francisco, CA; and Guam. Not all comparison statistics include youth from all of these locations. The YRBS did not include data from certain locations when sample sizes were low or items were not measured.

⁵ Centers for Disease Control and Prevention. 2013 High School Youth Risk Behavior Survey. Available at: http://www.cdc.gov/healthyyouth/yrbs. Accessed on 9/25/2015.

For comparison, the 2013 Youth Risk Behavior Surveillance data indicate that, nationally, 53% of middle school youth have *ever* been in a physical fight and 27% of high school youth have been in a physical fight in the *past year*. YRBS data also indicate that 29% of middle school youth have carried a weapon in their *lifetimes* and 17% of high school youth have carried a weapon in the *past month*.^{6,7} Thus, the rate of involvement in fighting and carrying a weapon in the Torrington program appears to be considerably lower than the rate for similar youth nationally.⁸ Again, the number of program participants is very small so this comparison must be viewed with caution.

	Middle School Youth				ool Youth
Comparison Data on Risk Indicators	Torrington n = 14	National	Torrington n = 17	National	
Physical fight	14%	53%	12%	27%	
Carried a weapon	14%	29%	6%	17%	

All of these young people have had a regular check-up in the past year and all have somewhere to go for health care. At last assessment, over three-quarters (77%) reported using a private doctor for health care, 14% have used a hospital emergency room, 9% used a hospital clinic, and 5% used another type of clinic – a significant decrease from 36% who did so at first assessment.

Health Risk Indicators (n = 22 unless otherwise specified)	First	Last
Last regular check-up over a year ago (n = 20)	10%	0%
No place to go for health care	0%	0%
Where they go for health care: ⁹		
Private doctor's office	50%	77%
Hospital emergency room	9%	14%
Hospital clinic	14%	9%
Another clinic	36%	5%*

* Difference is statistically significant at p < .05.

⁶ CDC-Youth-Online-Middle School YRBS 2013 Results. http://nccd.cdc.gov/youthonline/App/Default.aspx. Accessed 9/25/2015.

⁷ Centers for Disease Control and Prevention. 2013 High School Youth Risk Behavior Survey. Available at: http://www.cdc.gov/healthyyouth/yrbs. Accessed on 9/25/2015.

⁸ The YRBS middle school survey asks about ever being in a physical fight and ever carrying a weapon while the Torrington survey asks about these activities in the past year.

⁹ May total more than 100% as respondents could choose more than one response.

None of these young people reported recent tobacco, alcohol, or marijuana use.

Recent Substance Use (During the last month, have you) (n = 24 unless otherwise specified)	First	Last
Used cigarettes/tobacco?	0%	0%
Used alcohol?	0%	0%
Used marijuana? (n = 23)	0%	0%

Nationally, 4% of middle school youth and 14% of high school youth have used cigarettes in the past month.^{10,11} None of the Torrington youth at either the middle or high school level reported recent cigarette use.

	Middle School Youth		High Scho	ool Youth
Comparison Data on Substance Use	Torrington n = 13	National	Torrington n = 18	National
Recent cigarette use	0%	4%	0%	14%

Academic Performance

Nearly a third (31%) of all students reported receiving failing grades on their report cards at last assessment, a significant increase from 7% who reported the same at first assessment. There were slight increases in the numbers of young people who reported being suspended from school or cutting classes from first to last assessment.

Academic Risk Indicators (During the last year, have you)	First	Last
Fail any courses for the whole year? $(n = 30)$	10%	10%
Average # of courses:	1.5	1.5
Get any "F's" or failing grades on your report card? (n = 29)	7%	31%*
Average # of failing grades:	4.0	1.3
Get suspended from school? (n = 30)	7%	10%
Average # of times suspended:	2.0	0.0
Cut classes without permission? $(n = 29)$	3%	14%
Average # of classes:	1.0	1.0

* Difference is statistically significant at p < .05.

¹⁰ CDC-Youth-Online-Middle School YRBS 2013 Results. http://nccd.cdc.gov/youthonline/App/Default.aspx. Accessed 9/25/2015.

¹¹ Centers for Disease Control and Prevention. 2013 High School Youth Risk Behavior Survey. Available at: http://www.cdc.gov/healthyyouth/yrbs. Accessed on 9/25/2015.

At last assessment, nearly three-quarters (73%) of these young people reported receiving some kind of award in the past year which was down only slightly from 77% who had reported an award at first assessment. Over half (59%) of these young people have been involved in recent volunteer work, a slight decrease from 64% at baseline. Staff believe that some of these students do not perceive the community service they do as volunteer work and thus underreport such.

Academic Positives (During the last year, have you) (n = 22)	First	Last
Been given an award?	77%	73%
Done any volunteer work?	64%	59%

Virtually all of these young people now have a bank account, up from three-quarters at baseline. Seventy-one percent of these young people report being currently, up from 63% who reported having a job at baseline.

Work and money (n = 24)	First	Last
Have a bank account	75%	96%
Have a paid job <i>now</i>	63%	71%

The figure below shows changes in self-reported grades from first to last assessment.¹² Grades increased slightly in English and math and decreased slightly in social studies and science. Overall, students averaged a B- or above in all four core areas. Many of these young people begin the program in the middle school and are at the high school level by last assessment so academic expectations may be different from first to last assessment.



Note: grades are changed from letter grades to numbers for analysis.

To convert the average grades shown on previous page back to approximate letter grades, please use this table.

A+ = 4.5	$B^+ = 3.5$	C+ = 2.5	D+ = 1.5	
A = 4.0	B = 3.0	C = 2.0	D = 1.0	F = 0.0
A- = 3.7	B- = 2.7	C- = 1.7	D- = 0.7	

Based on these self-reports, nearly half of program youth improved their grades in science and a third or more improved their math, English and social studies grades from first to last assessment.

Change in Academic Performance		
	Students showing improvement from first to last assessment	
Science	9 of 19 (47%)	
Math	8 of 21 (38%)	
English	7 of 19 (37%)	
Social Studies	6 of 18 (33%)	

 $^{^{12}}$ Only those youth who reported letter grades ('A' through 'F'), or grades which could be translated to such, are included in this part of the analysis.

Student Characteristics

Over half (59%) of the 2014-15 students were female. At intake, virtually all (95%) of the students were in the 6th grade and the rest were in 7th grade. Program youth were, on average, 11.8 years old and ranged in age from 10 to 13-years-old at intake. Over half (56%) of these youth identified as white and 22% identified as Hispanic/Latino.



About two-thirds (65%) percent of the mothers of these young people have graduated from high school and 34% of these youth said their mothers have attended at least some college. Over two-fifths (44%) reported their fathers have completed high school and just over a quarter (26%) reported their fathers have attended college. However, 31% of these young people do not know the educational status of their mothers and over half (52%) do not know their fathers' educational status.

Parent's Education	First Assessment
What is the highest grade in school that your <i>mother</i> completed?	(n = 51)
less than high school	4%
high school graduate	31%
some college	10%
college graduate	24%
I can't even guess	31%
What is the highest grade in school that your <i>father</i> completed?	(n = 50)
less than high school	4%
high school graduate	18%
some college	8%
college graduate	18%
I can't even guess	52%

Over three-quarters (77%) of these young people came from two-parent homes, while about a quarter (23%) lived with one parent. Six in ten of these young people received free or reduced-price lunch at school.

Family Status at Intake	First Assessment
Living situation (n = 57)	
Two parents	77%
Single parent	23%
No parent	0%
Receive free or reduced-price lunch at school (n = 57)	60%

These demographic data suggest that during 2014-15 this program worked with a group of youth at moderate risk for teen pregnancy. Many were from ethnic minority groups, six in ten received free or reduced-price lunch at school, and many had experienced some degree of academic failure. On the other hand, over three-quarters were from two-parent homes.

Program Activity

The S.A.F.E. program in Torrington was offered during after school hours and included these program components:

- Job Club,
- Family Life and Sexuality Education,
- Self-Expression/Arts classes,
- Individual Sports and Recreation,
- Academic Assistance/Tutoring, and
- Mental/Physical Health services as needed.

Component attendance ranged from 78% to 87%, with the academic tutoring and sex education components having the highest attendance rates. Component attendance rates dropped 15 to 19 percentage points if approved alternate activities were not accounted for in the calculations.



Program Satisfaction

On their last assessments, program youth were asked three questions about their experience in the program. Program youth gave high ratings to their facilitators and virtually all of the young people rated the program overall as "good" or "excellent". In spite of this, about a quarter (26%) did not feel that talking about things like feeling upset or sad was okay.

Program Satisfaction (n = 31)	Last Assessment
How much did you feel like your facilitator or program leader really	mean = 3.45
liked <i>you</i> a lot?	
Not at all	3%
A little	7%
Somewhat	32%
Very much	58%
How much did you feel like it was OK to talk about things like feeling	mean = 3.16
upset or sad?	
Not at all	13%
A little	13%
Somewhat	19%
Very much	55%
Overall, how would you rate this program?	mean = 3.71
Poor	0%
Fair	7%
Good	16%
Excellent	77%

Conclusions

During the 2014-15 program year, 65 youth attended the after school Connecticut Junior Republic's S.A.F.E. Program located in Torrington. Of these, 57 students completed at least one assessment and those data were used to document the characteristics of the program youth. Thirty-two students had taken more than one assessment, with the most recent occurring during the 2014-15 program year, and those data were used to measure change over time.

The 2014-15 participants in the Torrington S.A.F.E. program were, on average, 11.8 years old at intake. Over half of the youth were females and over two-fifths were ethnic minorities. Some had experienced some degree of academic failure and six in ten received free or reduced-price lunch. On the other hand, over three-quarters were from two-parent homes. These demographic data suggest that during 2014-15 this program worked with a group of youth at moderate risk for teen pregnancy.

In spite of their risk:

- All participants had an average attendance rate of 78% or higher across all components.
- Almost all (93%) of the youth rated the program as "good" or "excellent".
- On average, participants answered 90% of the sexuality knowledge questions correctly at last assessment, a statistically significant increase from 43% at baseline.
- At last assessment, there was significantly stronger agreement among these youth that males and females have the same responsibilities for using birth control.
- None of these youth have used tobacco, alcohol, or marijuana recently.
- Virtually all (96%) of these youth now have a bank account.
- Three of the four sexually active youth used some form of contraception at last intercourse.
- No pregnancies or births were reported.

However, there were also **some findings of concern**:

- There was also significantly more agreement that it is okay for youth their age to have occasional unprotected sex.
- There was a statistically significant increase in receipt of failing grades on report cards from first to last assessment.
- About a quarter (26%) of the youth did not feel that talking about things like feeling upset or sad was okay.